

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jerusalem  
Township Randolph  
City Leadwood

Registration District No. 33  
Primary Registration District No. 6074B

File No. 6226  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

Benjamin C. Nance

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 5, 1864

7. AGE	YEARS	MONTHS	DAYS	H LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>4</u>	<u>30</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Painter  
(b) General nature of industry, business, or establishment in which employed (or employer) Painting  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ind  
(STATE OR COUNTRY)

10. NAME OF FATHER Benjamin Nance

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Jerusalem  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lizzie Love

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jerusalem  
(STATE OR COUNTRY)

14. INFORMANT Wesley Nance  
(Address) Leadwood Mo

15. FILED 7/7 34 W. E. Leebuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1934

17. I HEREBY CERTIFY that I attended deceased from July 3 1934 to July 3 1934 that I last saw him alive on July 3 1934, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac insufficiency

CONTRIBUTORY (SECONDARY) Asphyxiation  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Arthur Zambich, M. D.  
, 1934 (Address) Leadwood

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Leadwood Cemetery DATE OF BURIAL Feb. 5 1934

20. UNDERTAKER J. S. Boyer ADDRESS Leadwood Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

